## COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR COMMUNITY BASED SERVICES

## **2005 DISASTER LOG**

DATE:		
REGION:	COUNTY:	

CASE NAME	CASE NUMBER		ORIGINAL STATE OF RESIDENCY	ORIGINAL COUNTY OR PARISH	HH SIZE	APPROVED	DENIED	AMOUNT ISSUED PER PROGRAM
Case Sample	123456789	fs, k-tap, ma	Louisiana	orleans	3	fs, k-tap, ma		167 fs, 228 ktap